

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028592

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7108

FILED JUL 31 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR  
TOWN

St. Louis, Mo.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Jewish Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri. COUNTY

c. CITY  
OR  
TOWN

St. Louis.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4139 Maryland

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

Clayborn

L.

Driskill

## 4. DATE OF DEATH

Month

Day

Year

July

18

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/20/1902

## 9. AGE (last birthday)

60

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seam Painter

## 10b. KIND OF BUSINESS OR INDUSTRY

Clothing Mfg. Co.

## 11. BIRTHPLACE (City and state or country)

Carter County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Lewis Driskill

## 13b. MOTHER'S MAIDEN NAME

Mary White

## 14. NAME OF HUSBAND OR WIFE

Helen

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service

No.

## 16. SOCIAL SECURITY NO.

No.

## 17. INFORMANT

Helen Driskill, 4139 Maryland Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line)

Coronary thrombosis

arteriosclerotic heart disease

4200

## INTERVAL BETWEEN ONSET AND DEATH

3 hours

3 yrs.

## PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 7/18/62 to 7/18/62 and last saw him alive on 7/18/62

Death occurred at 3 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Max S. Franklin M.D.

## 22b. ADDRESS

607 N. Grand Ave.

## 22c. DATE SIGNED

7/19/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

7-21-62

## 23c. NAME OF CEMETERY OR CREMATORY

Jaco Cemetery

## 23d. LOCATION (City, town, or county)

VanBuren, Missouri.

## 24. FUNERAL DIRECTOR

## ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd.

## 25. DATE RECD. BY LOCAL REG.

JUL 19 1962

## 26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

1264-0

13

64

SEP 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James Dinkley*

Licensed Embalmer No.

3853

P. O. Address

*St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.